



MISSOURI DEPARTMENT OF HIGHER EDUCATION
**APPLICATION FOR THE
PUBLIC SERVICE SURVIVOR GRANT PROGRAM**



3515 Amazonas Drive
Jefferson City, MO 65109-5717
(573) 751-2361 or (800) 473-6757

NOTE ►

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION (SEE OTHER PAGE).

I. STUDENT APPLICANT (REQUIRED FOR ALL APPLICANTS) PLEASE PRINT NEATLY OR TYPE. READ THE INSTRUCTIONS CAREFULLY.

1. LAST NAME		FIRST NAME		MI	2. SOCIAL SECURITY NUMBER	
3. PERMANENT HOME ADDRESS					4. HOME TELEPHONE NUMBER	
CITY		STATE	ZIP CODE	5. PERIOD OF ENROLLMENT (USE FIGURES) From: Mo. Year To: Mo. Year		
6. DATE OF BIRTH (USE FIGURES) Mo. Day Year		7. ARE YOU A CITIZEN OR PERMANENT RESIDENT OF THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		8. NAME OF PERSON KILLED OR PERMANENTLY DISABLED IN THE LINE OF DUTY		
9. INDICATE YOUR RELATIONSHIP TO THE PERSON KILLED OR PERMANENTLY DISABLED IN THE LINE OF DUTY <input type="checkbox"/> Natural Child <input type="checkbox"/> Adopted Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Spouse <input type="checkbox"/> Yourself				10. DATE OF DEATH OR PERMANENT DISABILITY (USE FIGURES) Mo. Day Year		
11. NAME OF MISSOURI SCHOOL YOU WILL ATTEND						

I CERTIFY THE INFORMATION PROVIDED IN SECTION I IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE.

12. SIGNATURE OF APPLICANT	DATE
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II. GOVERNMENTAL ENTITY THAT EMPLOYED THE DECEASED OR PERMANENTLY DISABLED PERSON (NOT REQUIRED FOR PRIOR RECIPIENTS)

13. NAME OF GOVERNMENT ENTITY		14. ADDRESS	
CITY	STATE	ZIP CODE	15. TELEPHONE NUMBER
16. ENTER A BRIEF EXPLANATION OF THE CAUSE OF DEATH OR PERMANENT DISABILITY _____ _____			
17. INDICATE THE PLACE OF OR THE EMPLOYMENT TYPE OF THE PERSON AT THE TIME OF DEATH OR PERMANENT DISABILITY <input type="checkbox"/> Dept. of Highways and Transportation <input type="checkbox"/> Firefighter <input type="checkbox"/> Police Officer <input type="checkbox"/> Parole Officer <input type="checkbox"/> Highway Patrolman <input type="checkbox"/> State Correctional Employee <input type="checkbox"/> Water Safety Officer <input type="checkbox"/> Conservation Officer <input type="checkbox"/> Probation Officer <input type="checkbox"/> Park Ranger			

GOVERNMENTAL ENTITY OFFICIAL COMPLETING THIS APPLICATION

I CERTIFY THE INFORMATION PROVIDED IN SECTION II IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE.

18. SIGNATURE OF OFFICIAL	PRINT OR TYPE NAME AND TITLE	DATE
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III. STUDENT FINANCIAL AID OFFICE OF SCHOOL (REQUIRED FOR ALL APPLICANTS)

19. NAME OF SCHOOL		20. ADDRESS	
CITY	STATE	ZIP CODE	21. TELEPHONE NUMBER
22. PERIOD OF ENROLLMENT From: Mo. Day Year To: Mo. Day Year			
23. IS THE APPLICANT PLANNING TO ENROLL IN A COURSE OF STUDY LEADING TO AN UNDERGRADUATE DEGREE IN THEOLOGY OR DIVINITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			24. IS THE APPLICANT A MISSOURI RESIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
25. HAS THE STUDENT APPLICANT EARNED A PREVIOUS BACCALAUREATE DEGREE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
26. IS THE APPLICANT ENROLLED FULL TIME OR INTENDING TO ENROLL FULL TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO		27. IS THE APPLICANT MAKING SATISFACTORY ACADEMIC PROGRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
28. AMOUNT OF FULL TIME TUITION FOR THE PERIOD OF ENROLLMENT (BASED ON 12 CREDIT HOURS) \$		29. GRADE LEVEL CLASSIFICATION	

FINANCIAL AID OFFICER COMPLETING THIS APPLICATION

I CERTIFY THE INFORMATION PROVIDED IN SECTION III IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE.

30. SIGNATURE OF FINANCIAL AID OFFICER	PRINT OR TYPE NAME AND TITLE	DATE
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PLEASE NOTE: SCHOOLS MAY PHOTOCOPY COMPLETED APPLICATION.

INSTRUCTIONS FOR COMPLETING THE PUBLIC SERVICE SURVIVOR GRANT PROGRAM APPLICATION

PRIVACY ACT NOTICE

Your social security number is being requested on this form pursuant to the authority of section 173.260, RSMo, subject to the provisions of section 7 of the Privacy Act of 1974, Pub. L. 93-579. You do not have to disclose your social security number. You will not be denied any right, benefit, or privilege provided by law in regard to the Public Service Survivor Grant Program, if you refuse to disclose your social security number on the application. If you do disclose your social security number, that number will be used to verify your identity.

INSTRUCTIONS

SECTION I - Student Applicant (Items 1-12) Required for all applicants.

APPLICANT'S CERTIFICATION: I, the applicant, certify that the information contained in Section I of this application is true, complete and correct to the best of my knowledge. As to any award made to me as the result of this application, I hereby authorize the school to pay to the MDHE any refund which may be due to me up to the amount of this award if I withdraw or drop below full item status during the school's refund period. I certify that the proceeds of any award made as a result of this application will be used for educational purposes for the enrollment period covered by this application at the school.

ITEM 1: Full Name. Enter your full name (last name, first name, middle initial).

ITEM 2: Your Social Security Number. (Read the Privacy Act Notice before completing this item.) Enter your nine-digit social security number.

ITEM 3: Permanent Home Address. Enter your permanent home address. Include your street number, RFD or post office box, with your city, state and zip code. A temporary address is not acceptable.

ITEM 4: Home Telephone Number. Enter your permanent home telephone number including area code. If you do not have a permanent home telephone number, enter "none".

ITEM 5: Period of Enrollment. Enter the starting and ending dates (e.g., from 8/99 to 5/00) of the enrollment period for which this award is to be used. These dates should coincide with the regular school period such as semester, trimester, academic year, etc.

ITEM 6: Date of Birth. Enter your date of birth. You must be less than twenty-four (24) years of age to be eligible as a dependent child. The date of birth does not apply to a spouse or an applicant who is a public safety officer who was permanently and totally disabled in the line of duty.

ITEM 7: Citizen or Permanent Resident. You must be a citizen or permanent resident of the United States to be eligible.

ITEM 8: Name. Enter the completed name of the person who was killed or permanently and totally disabled in the line of duty.

ITEM 9: Relationship to the Person. To be eligible, you must be either a natural child, adopted child, stepchild, or a spouse of the person who was killed or permanently and totally disabled in the line of duty. You may also apply if you are a public safety officer who was permanently and totally disabled in the line of duty.

ITEM 10: Date of Death or Permanent Disability. Enter the date of the death or permanent disability of the person who was killed or permanently and totally disabled in the line of duty.

ITEM 11: Name of Missouri School You Will Attend. Enter the name of the Missouri school you are interested in attending or at which you have been accepted or in which you are enrolled. The school must be an eligible Missouri school.

ITEM 12: Signature of Applicant. Enter your signature and the date this application is completed. Your signature certifies you have read, understood and agreed to the conditions stated in the "Applicant's Certification".

SECTION II. Governmental Entity that Employed the Deceased or Permanently Disabled Person (Items 13-18). This section should be completed by the Governmental Entity by which the deceased or disabled person was employed. Not required to be completed for prior recipients. Skip to Section III.

GOVERNMENTAL ENTITY CERTIFICATION: I certify that the information provided in Section II is true, complete, and correct to the best of my knowledge.

ITEM 13: Name of Governmental Entity. Enter the official name of the governmental entity where the deceased or permanently and totally disabled person was employed.

ITEM 14: Address of the Governmental Entity. Enter the complete address (street, city, state, zip code) of the governmental entity.

ITEM 15: Telephone Number of the Governmental Entity. Enter the complete telephone number of the governmental entity.

ITEM 16: Cause of Death or Permanent and Total Disability. Enter a brief explanation of the cause of death or total and permanent disability of the person when killed or disabled in the line of duty.

ITEM 17: Place of or the Type of Employment of the Deceased or Disabled Person. Indicate the place of or the type of employment of the deceased or disabled person at the time of death or permanent and total disability. The person must have been employed by the State of Missouri or a political sub-division full time at the time of death or permanent and total disability.

ITEM 18: Signature of the Governmental Entity. Enter the authorized signature of the governmental entity official completing the application along with the official's title and the date the application was completed. Your signature certifies that you have read and understood the conditions stated in the "Governmental Entity Certification" and that the applicant qualifies as an eligible applicant.

SECTION III. Student Financial Aid Office of the School (Items 19-30). This section should be completed by the financial aid office of the school the applicant will be attending. Required for all applicants.

SCHOOL CERTIFICATION: I certify the information provided in Section III is true, complete, and correct to the best of my knowledge.

ITEM 19: Name of School. Enter the official name of the school.

ITEM 20: Address of School. Enter the complete address (street, city, state, zip code) of the school.

ITEM 21: Telephone Number of School. Enter the complete telephone number of the school including area code.

ITEM 22: Period of Enrollment. Enter the enrollment period for which the grant is being

requested. Use the dates in Item 5 of the student's section only as a guide to completing this item. These dates should coincide with the regular school period such as semester, trimester, academic year, etc.

ITEM 23: Theology or Divinity Degree. No award shall be made under 173.260, RSMo. to any applicant who is enrolled or who intends to use the award to enroll in a course of study leading to a degree in Theology or Divinity (religion).

ITEM 24: Applicant's State of Permanent Residence. Applicant must be a permanent resident of Missouri to be eligible for a grant award.

ITEM 25: Previous Baccalaureate Degree. Indicate whether or not the student has earned a previous baccalaureate degree. If a student has earned a previous baccalaureate degree he/she is not eligible to receive benefits under the public Service Survivor Grant Program.

ITEM 26: Applicant's Intended Enrollment Status. Enter the applicant's intended enrollment status for the enrollment period the grant is being requested. To be eligible the applicant must be enrolled or intend to enroll full time as defined by the school.

ITEM 27: Satisfactory Academic Progress. Applicant must maintain satisfactory academic progress as defined by the school to be eligible for a grant award.

ITEM 28: Amount of Full Tuition for the Period of Enrollment. Enter the amount of tuition or incidental fee charged for nondesignated and unrestricted fees for a full time student based on twelve (12) credit hours. The maximum Public Service Survivor Grant Program award amount for each applicant per academic year shall be the least of the actual tuition charged at the school where the applicant is enrolled or accepted for full time enrollment; or the amount of tuition and incidental fees charged a Missouri undergraduate resident enrolled full time in the same class level (freshman, sophomore, junior, senior) and the same academic major of the applicant at the University of Missouri.

ITEM 29: Grade Level Classification. Enter the appropriate grade level classification as defined by the school. Use the following codes to complete this item:

1st year (freshman)	- 1
2nd year (sophomore)	- 2
3rd year (junior)	- 3
4th year (senior)	- 4
5th year (fifth-year senior)	- 5

ITEM 30: Signature of Financial Aid Officer. Enter the authorized signature of the school official completing the grant application along with the official's title and the date the application was completed. Your signature certifies that the applicant named in Section I is accepted for enrollment or intends to enroll, is in good standing as a full time student, is making satisfactory academic progress at the school and has been determined to be eligible for the Public Service Survivor Grant Program.